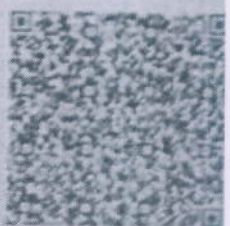


MIN101591148FT



आपका आधार क्रमांक / Your Aadhaar No. :

6970 3779 7059

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

श्री विद्या देव

Varsha Vidya Yadav

स-२१ वर्ष / Year of Birth : 1989

महिला / Female



6970 3779 7059



आधार - आम आदमी का अधिकार

PHYSICAL EXAMINATION REPORT

Patient Name	Varsha Yadav	Sex/Age	F/32
Date	7/7/2022	Location	Thane

History and Complaints

qo - Hyperacidity, Loose Motions, Pain in Abdo.
- 3kg wt. loss within 6 days

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	98
Weight (kg):	59.2	Skin:	Dry skin
Blood Pressure	110/80	Nails:	NAD
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	NAD

Impression: - Occasional Uric Acid crystals - Urine.
- TMT - (Equivocal)
- Hepatomegaly - H/s/o - colitis.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Advice:

- Drink Plenty of Liquids
- Cardiologist's consultation.
- Physician's consultation for treatment of colitis.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	Nil
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system Pain in Abdo. H/O GB stones.	Hyperacidity, loose motions
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	LSCS,
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Bland diet (Veg)
4)	Medication	No

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID : 2218814000
Name : MS. VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 11:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.21	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.3	36-46 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.7	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	12.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.6	20-40 %	
Absolute Lymphocytes	2064.8	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	400.2	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	3172.6	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	150.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	254000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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CID : 2218814000
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Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 11:24

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 11 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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CID : 2218814000
Name : MS. VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 11:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	75.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.69	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	18.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	14.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	8.4	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	55.6	35-105 U/L	PNPP
BLOOD UREA, Serum	19.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated

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Name : MS.VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 12:22
Reported : 07-Jul-2022 / 17:44

URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Uricase
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

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Name : MS. VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 16:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist

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CID : 2218814000
Name : MS.VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 17:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Uric acid : Occasional	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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CID : 2218814000
Name : MS. VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 12:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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CID : 2218814000
Name : MS. VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 11:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	46.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	48.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	82.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	74.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	8.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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CID : 2218814000
Name : MS.VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 11:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.51	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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Name : MS. VARSHA YADAV
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Jul-2022 / 10:02
Reported : 07-Jul-2022 / 11:27

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***

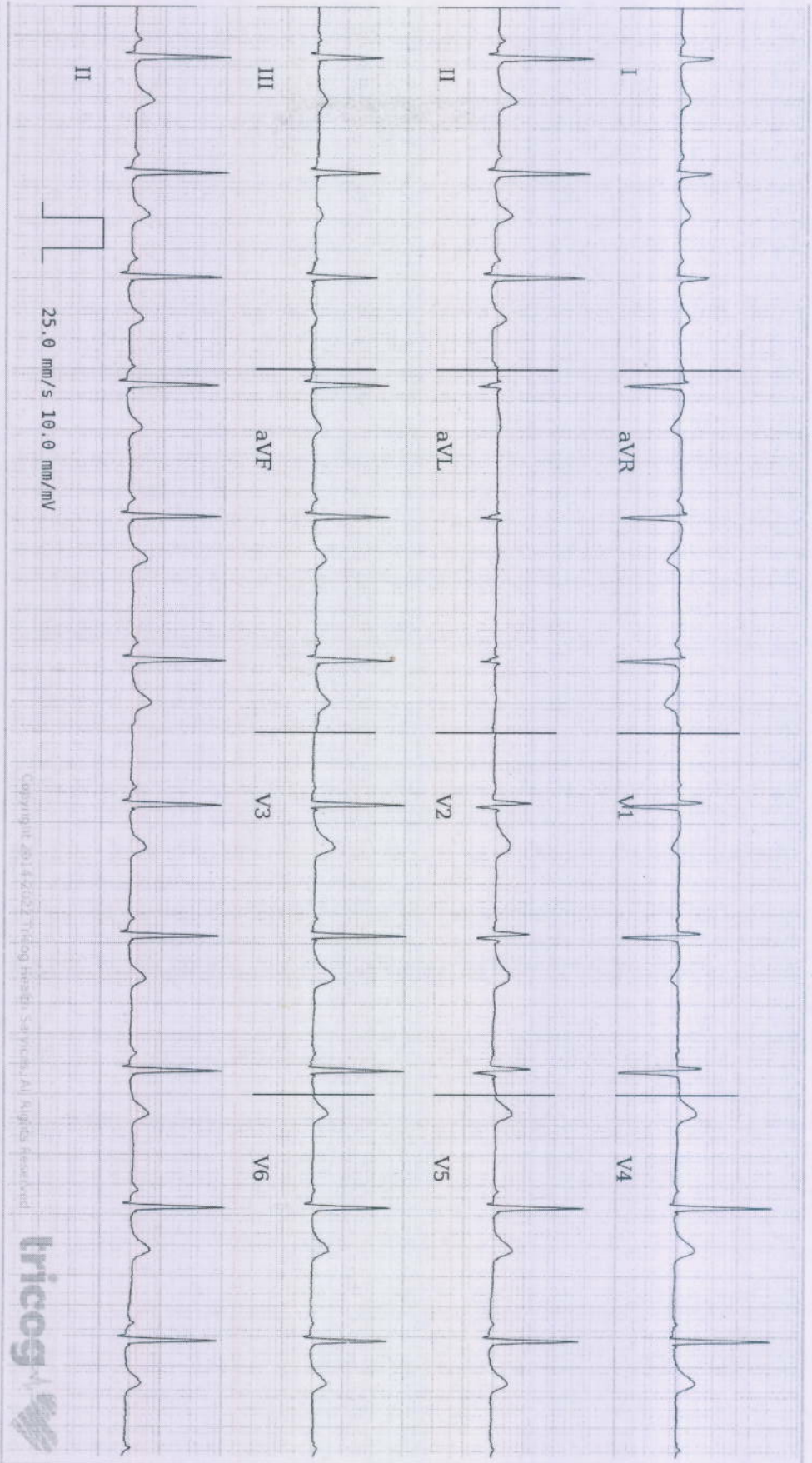


Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Patient Name: VARSHA YADAV
Patient ID: 2218814000

Date and Time: 7th Jul 22 11:55 AM



Age 32 6 19
years months days

Gender Female

Heart Rate 71bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 49 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 404ms

QTc: 439ms

PR: 124ms

P-R-T: 52° 69° 53°

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



569 (2218814000) / VARSHA YADAV / 32 Yrs / F / 156 Cms / 49 Kg Date: 07-Jul-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:17	0:17	00.0	00.0	01.0	091	48 %	120/80	109	00	
Standing	00:23	0:06	00.0	00.0	01.0	090	48 %	120/80	108	00	
HV	00:32	0:09	00.0	00.0	01.0	090	48 %	120/80	108	00	
ExStart	00:36	0:04	01.7	10.0	01.1	080	43 %	130/80	104	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	113	60 %	130/80	146	00	
BRUCE Stage 2	06:36	3:00	02.5	12.0	07.1	133	71 %	140/80	186	00	
PeakEx	08:10	1:34	03.4	14.0	08.7	161	86 %	150/80	241	00	
Recovery	09:10	1:00	00.0	00.0	01.1	126	67 %	150/80	189	00	
Recovery	10:10	2:00	00.0	00.0	01.0	107	57 %	150/80	160	00	
Recovery	12:10	4:00	00.0	00.0	01.0	101	54 %	130/80	131	00	
Recovery	12:20				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:34
 Max HR Attained : 161 bpm 86% of Target 188
 Max BP Attained : 150/80
 Max WorkLoad Attained : 8.7 Fair response to induced stress
 Test End Reasons : Fatigue, Heart Rate Acheived

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972
 Doctor : DR SHAILAJA PILLAI



REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 85.0 bpm, and the maximum predicted Target Heart Rate 188.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is Equivocal for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. Basic ECG shows ST T changes inferolateral leads. Accentuation of ST T changes seen during test.
4. Adv Cardiologist s opinion.

Disclaimer : Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence overall clinicocardiological correlation is mandatory.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





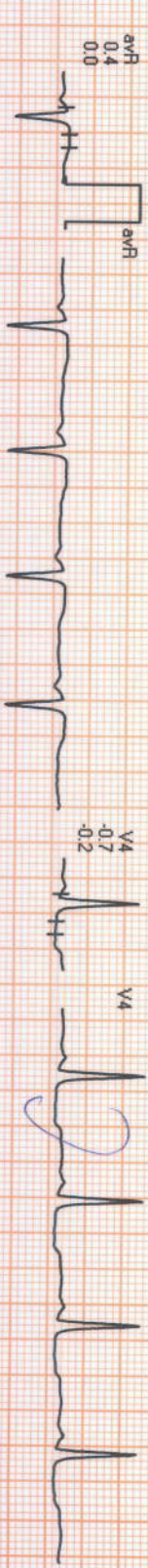
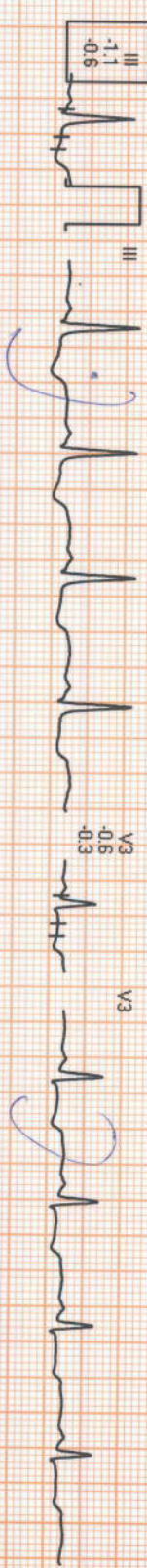
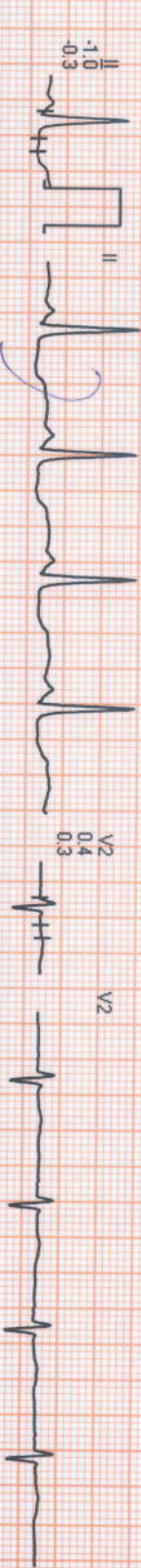
569 (2218814000) / VARSHA YADAV / 32 Yrs / F / 156 Cms / 49 Kg / HR : 91

Date: 07-Jul-2022 11:07:53 AM

METS: 1.0/ 91 bpm 48% ofTHR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS THANE GB

THANE GB

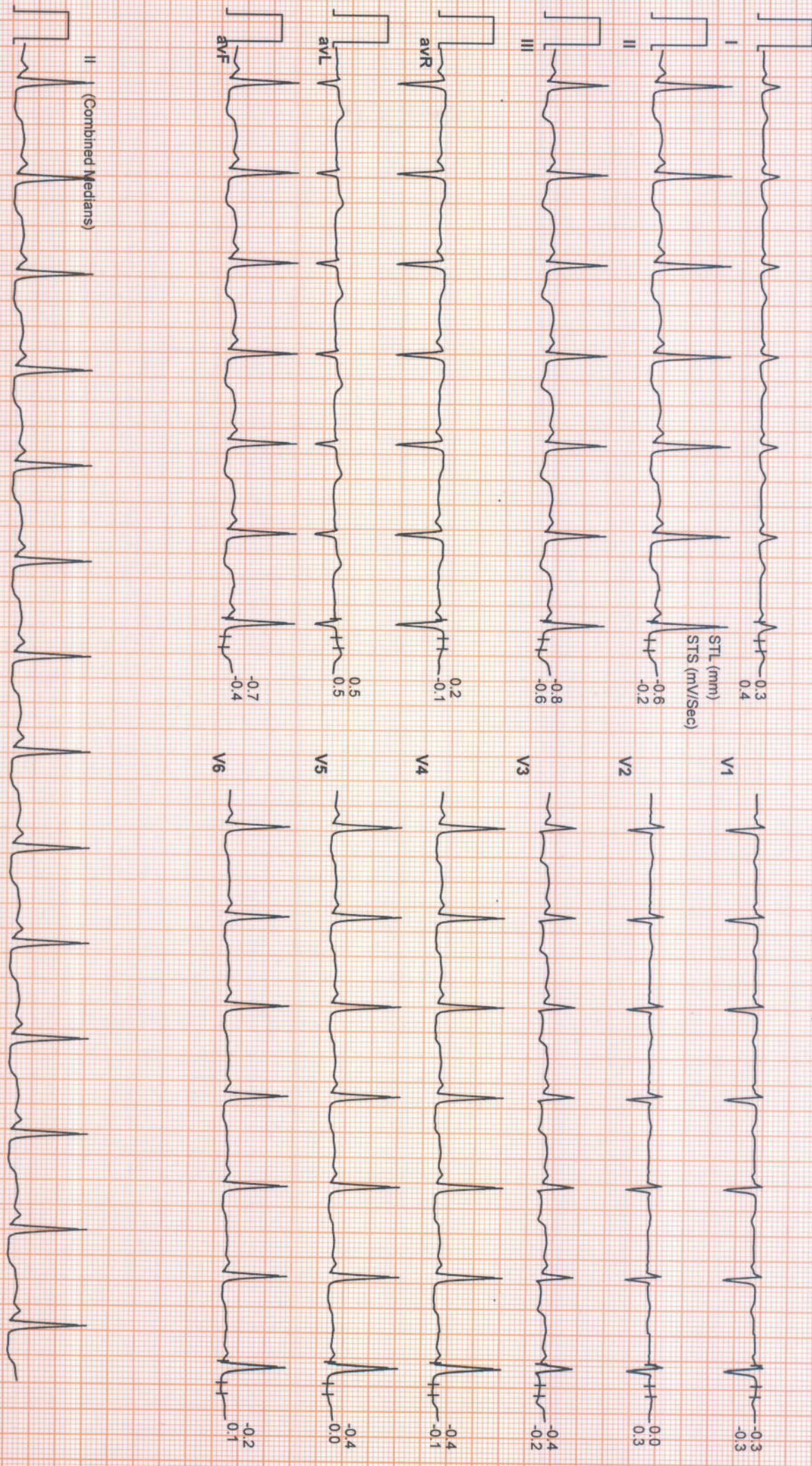
569 / VARSHA YADAV / 32 Yrs / Female / 156 Cm / 49 Kg

6X2 Combine Medians + 1 Rhythm
STANDING (00:00)



Date: 07 / 07 / 2022 11:07:53 AM METS : 1.0 HR : 85 Target HR : 45% of 188 BP : 120/80 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

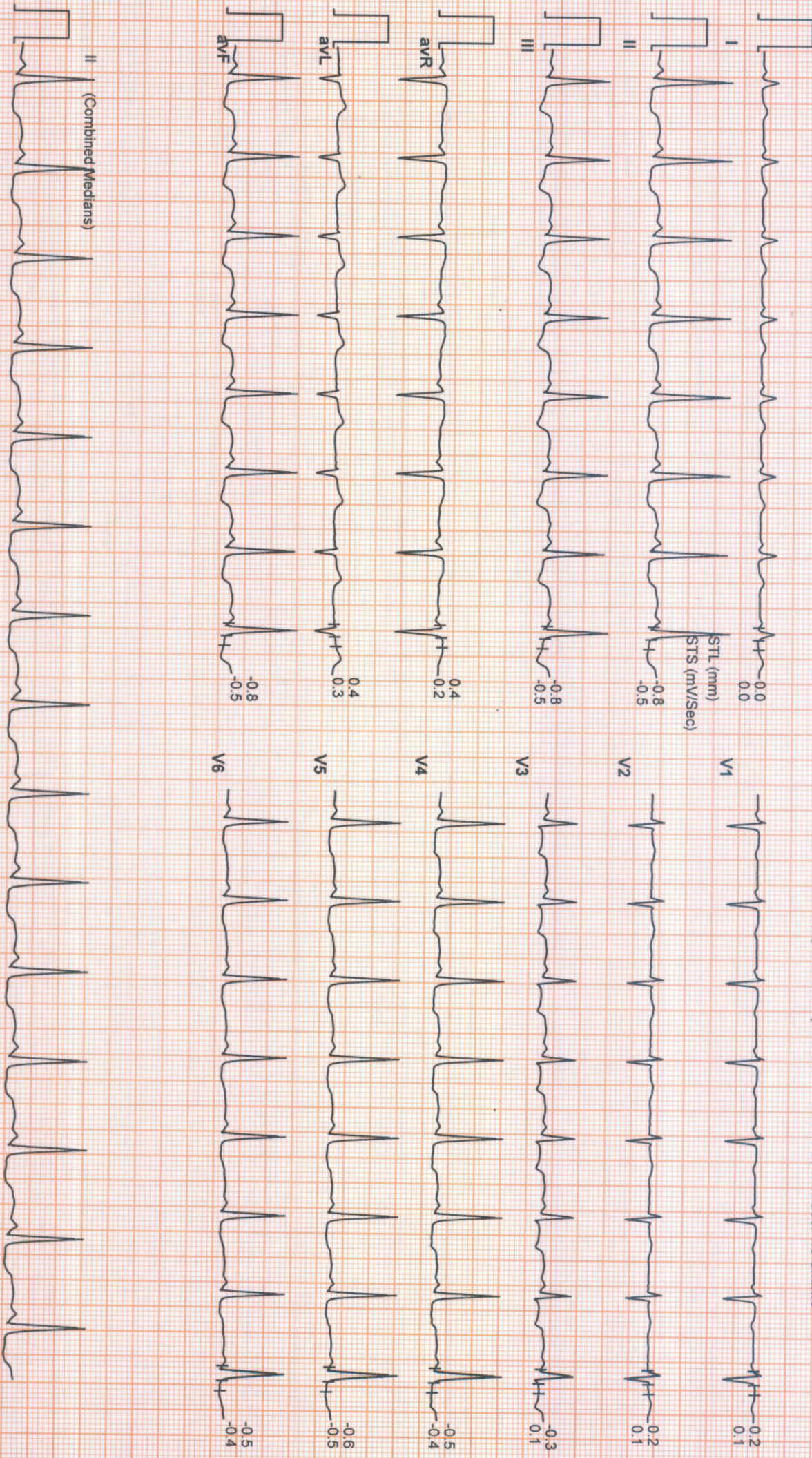


(ADX_GEM216201125)Allengers



Date: 07/07/2022 11:07:53 AM METs : 1.0 HR : 90 Target HR : 48% of 188 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

569 / VARSHA YADAV / 32 Yrs / Female / 156 Cm / 49 Kg

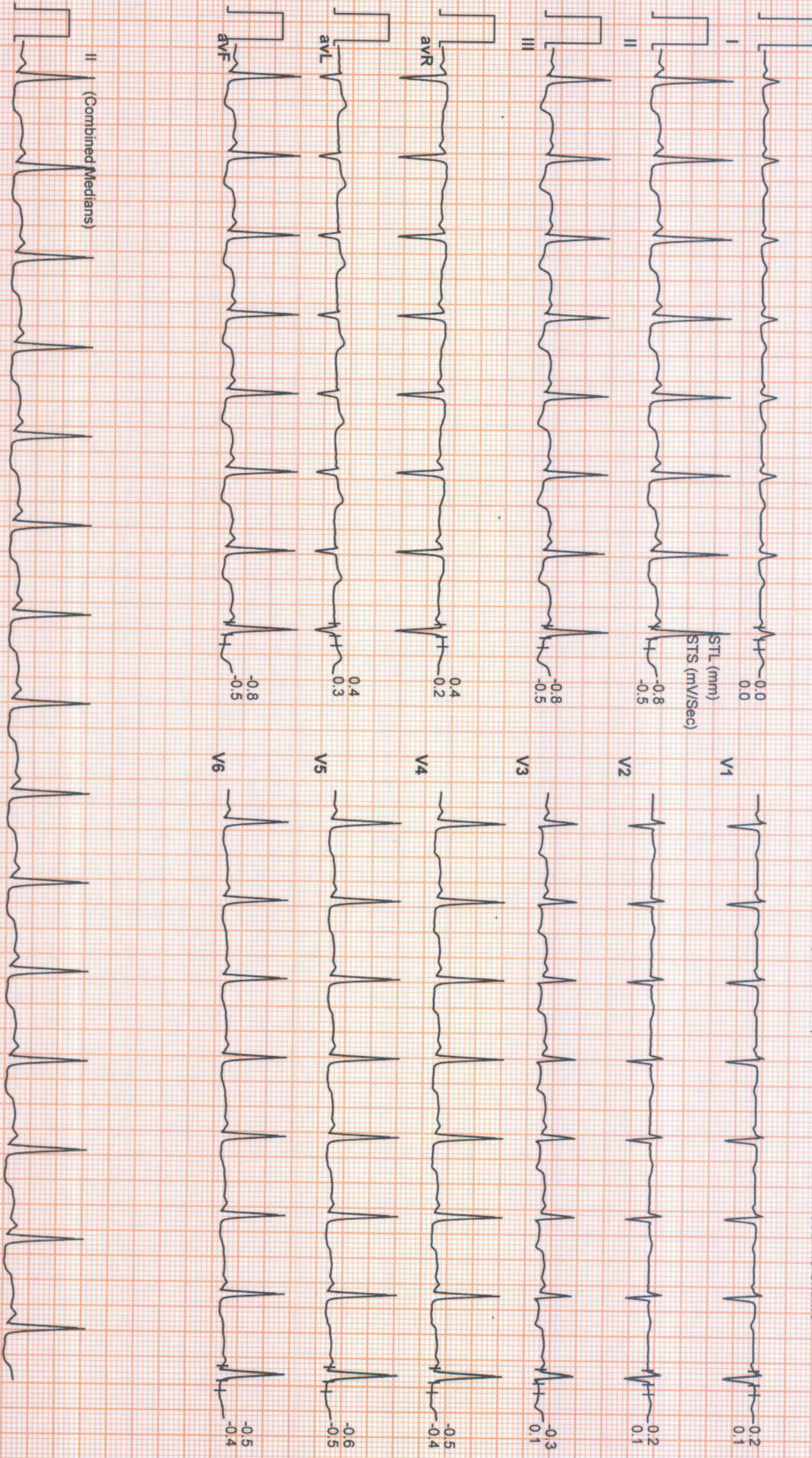
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 07 / 07 / 2022 11:07:53 AM METs : 1.0 HR : 90 Target HR : 48% of 188 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



(ADDX_GEM216201125)(A)Allergers

SUBURBAN DIAGNOSTICS THANE GB

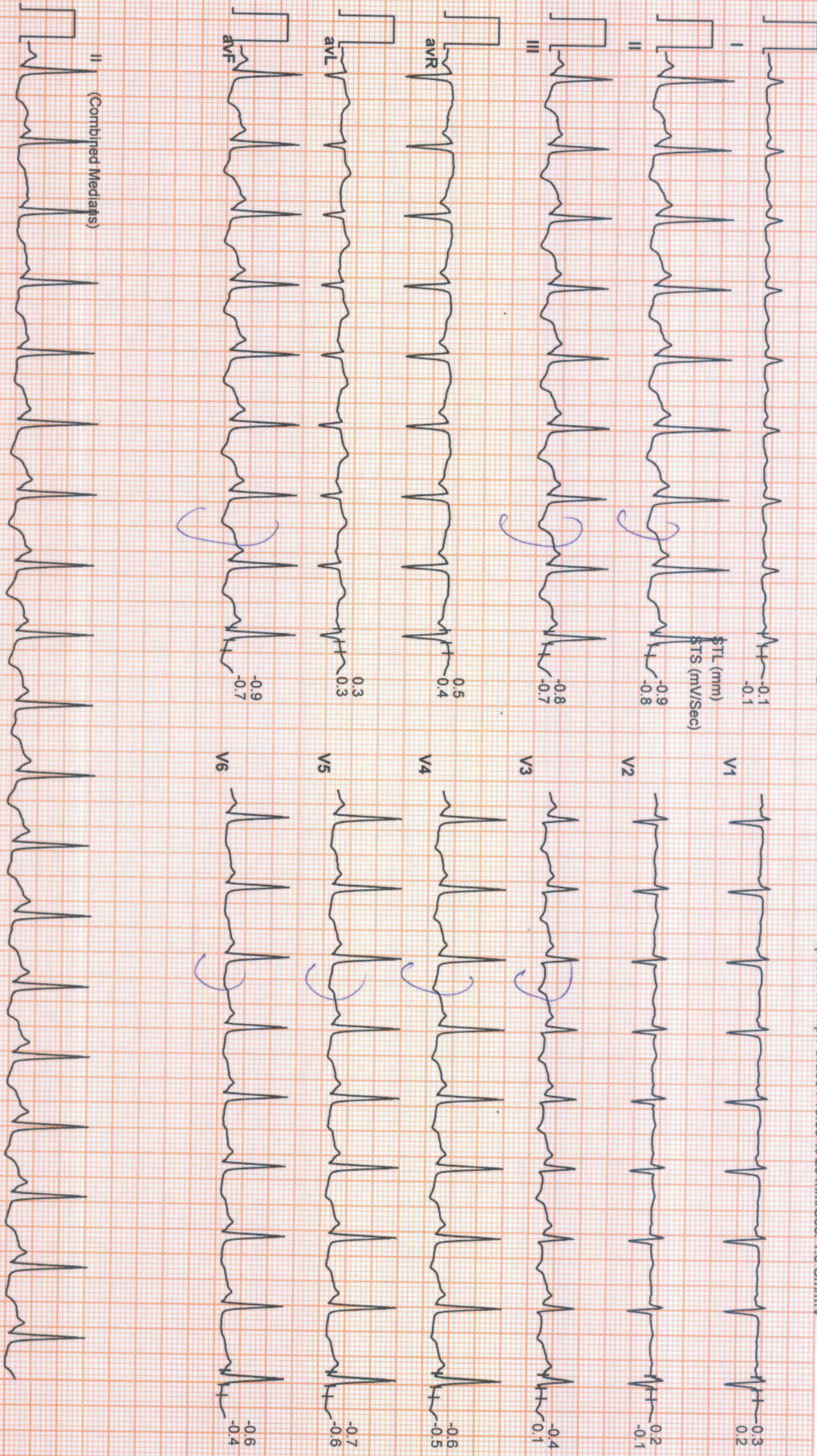
THANE GB
569 / VARSHA YADAV / 32 Yrs / Female / 156 Cm / 49 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 07/07/2022 11:07:53 AM METs : 4.7 HR : 113 Target HR : 60% of 188 BP : 130/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

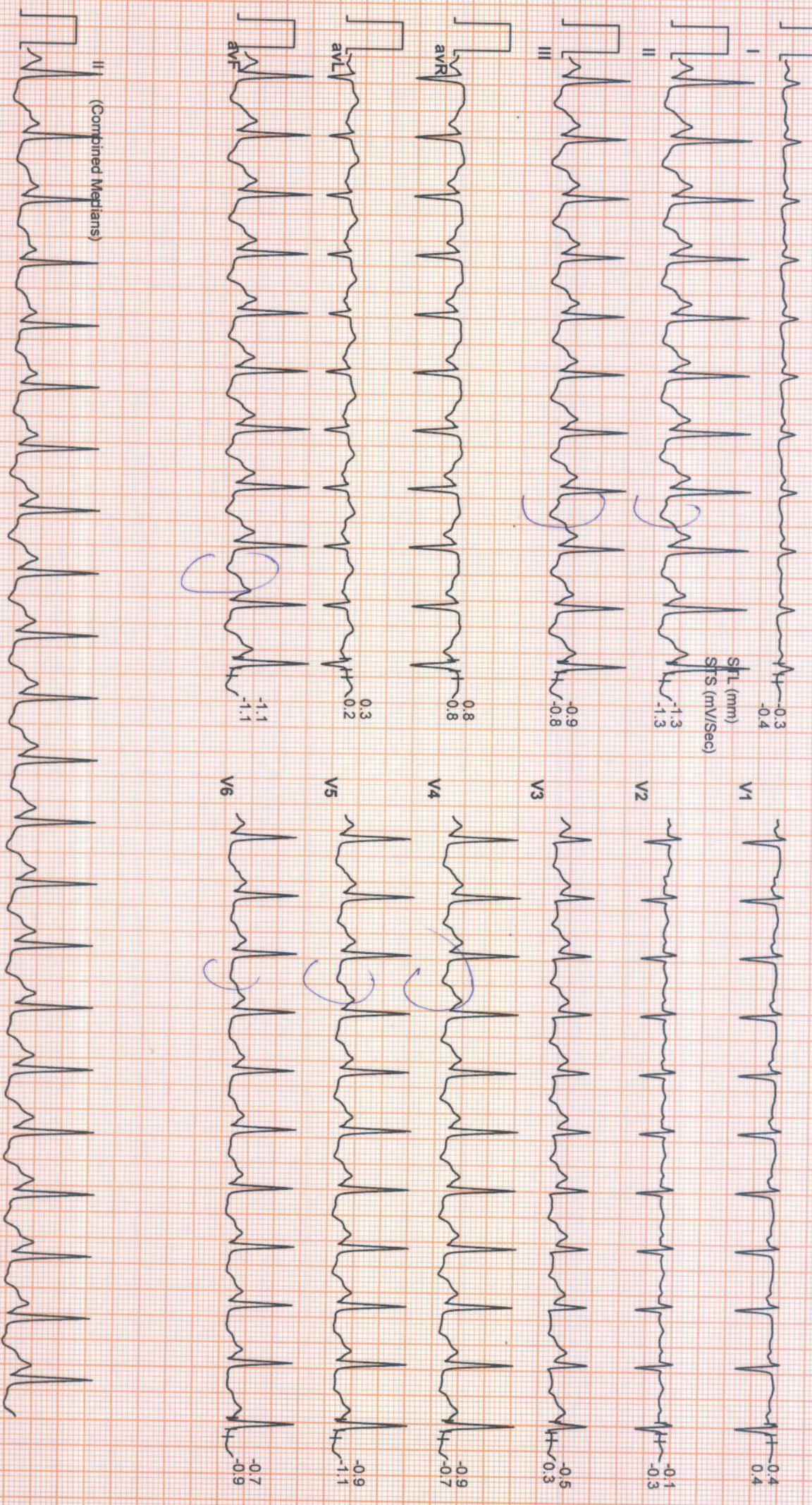
THANE GB
569 / VARSHA YADAV / 32 Yrs / Female / 156 Cm / 49 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



Date: 07/07 / 2022 11:07:53 AM METs : 7.1 HR : 133 Target HR : 71% of 188 BP : 140/80 Post J @60mSec

EXTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

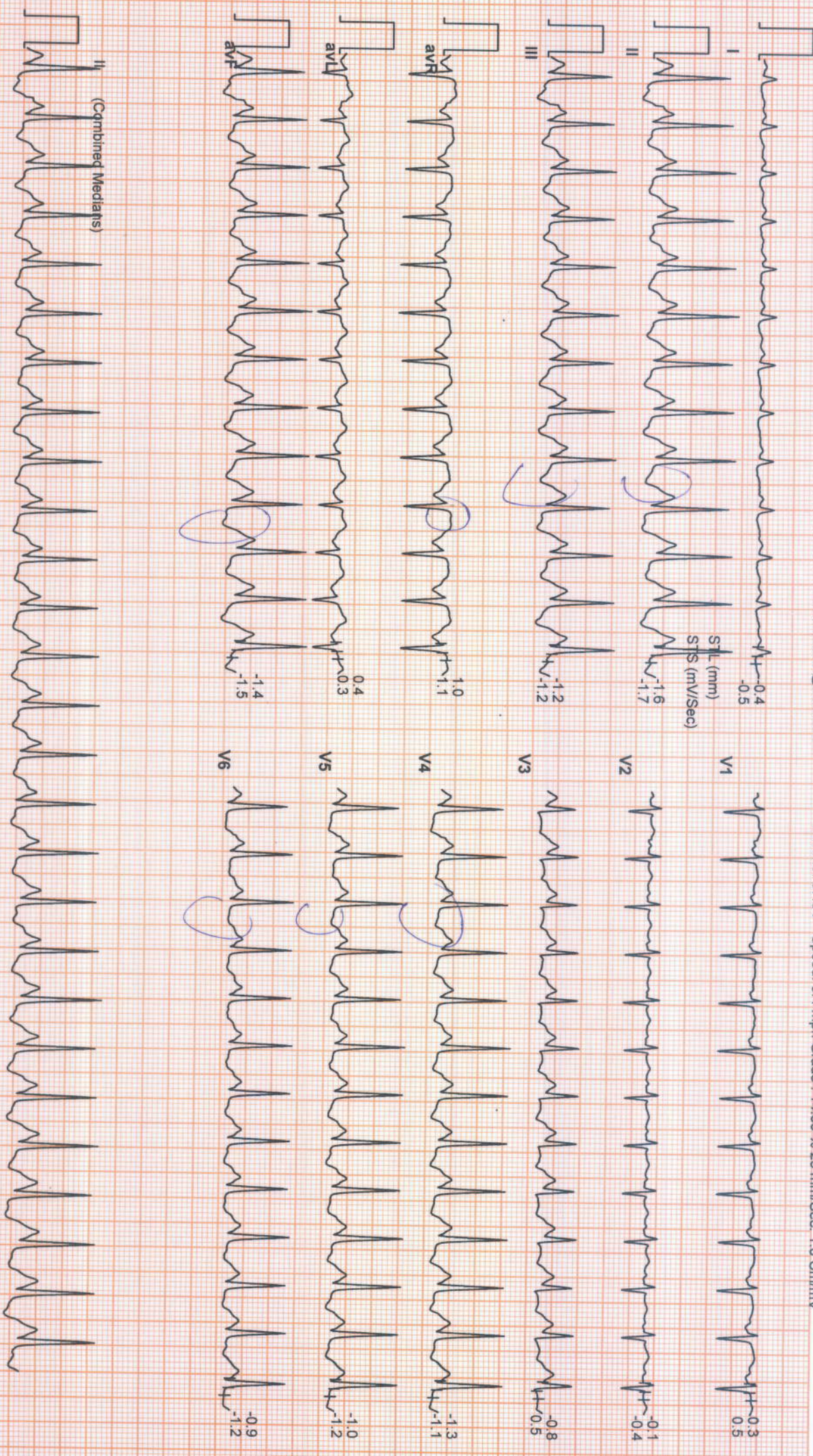
THANE GB
569 / VARSHA YADAV / 32 Yrs / Female / 156 Cm / 49 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 07/07/2022 11:07:53 AM METs : 8.7 HR : 161 Target HR : 86% of 188 BP : 150/80 Post J @60mSec

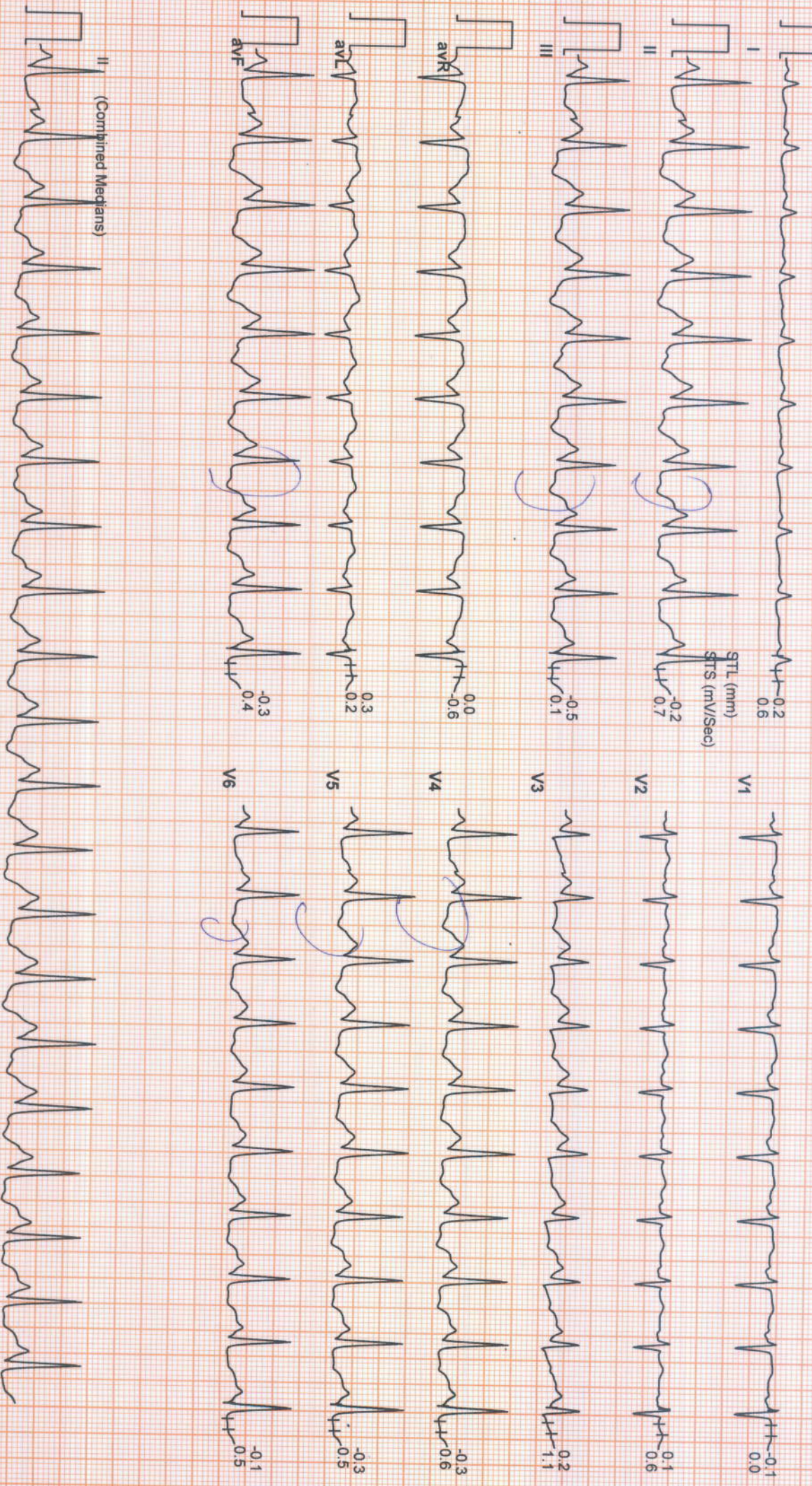
EXTime: 07:34 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 07 / 07 / 2022 11:07:53 AM METs : 1.1 HR : 126 Target HR : 67% of 188 BP : 150/80 Post J @80mSec

EXTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

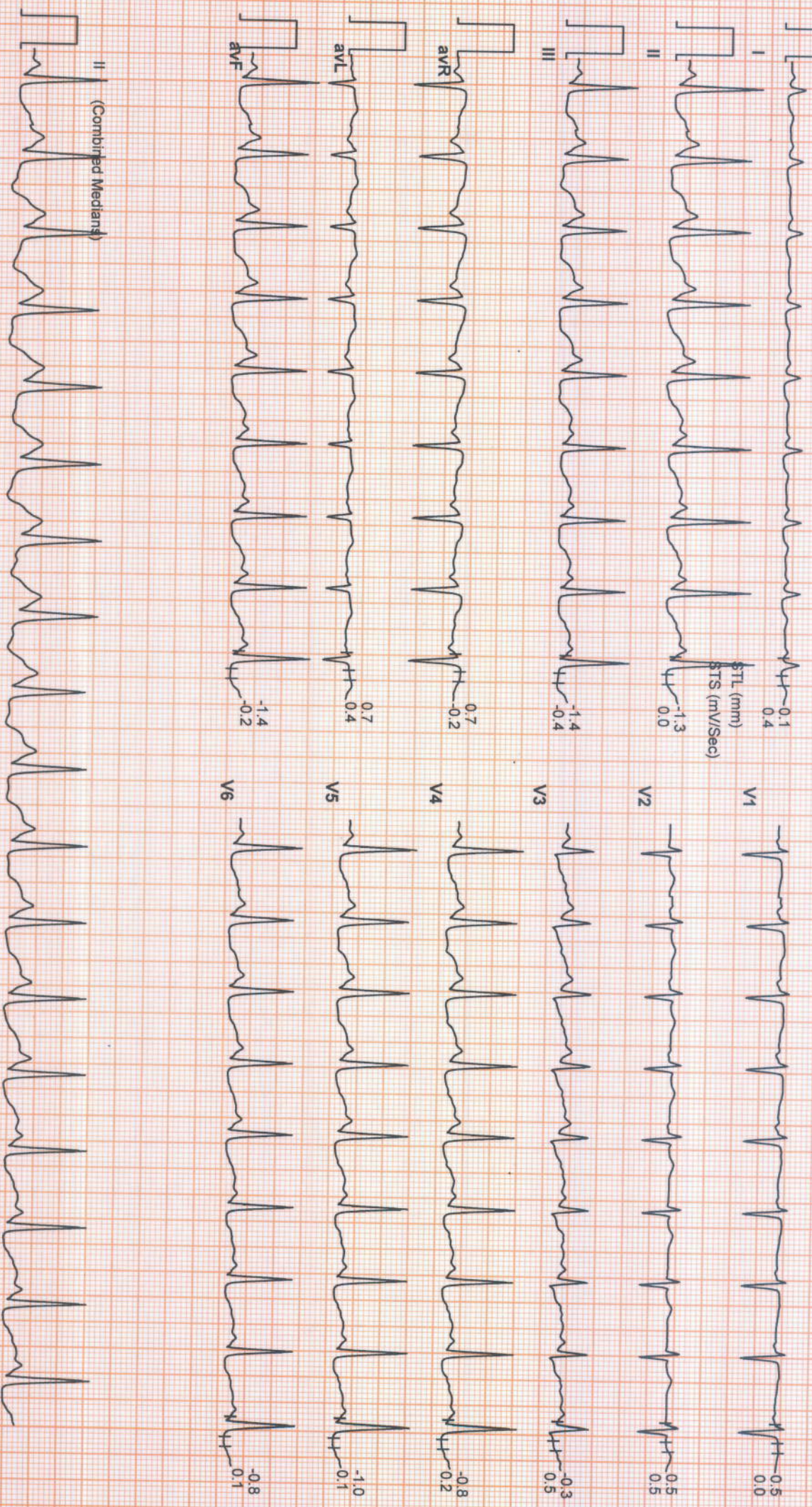
THANE GB
569 / VARSHA YADAV / 32 Yrs / Female / 156 Cm / 49 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



Date: 07/07 / 2022 11:07:53 AM METs : 1.0 HR : 107 Target HR : 57% of 188 BP : 150/80 Post J @80mSec

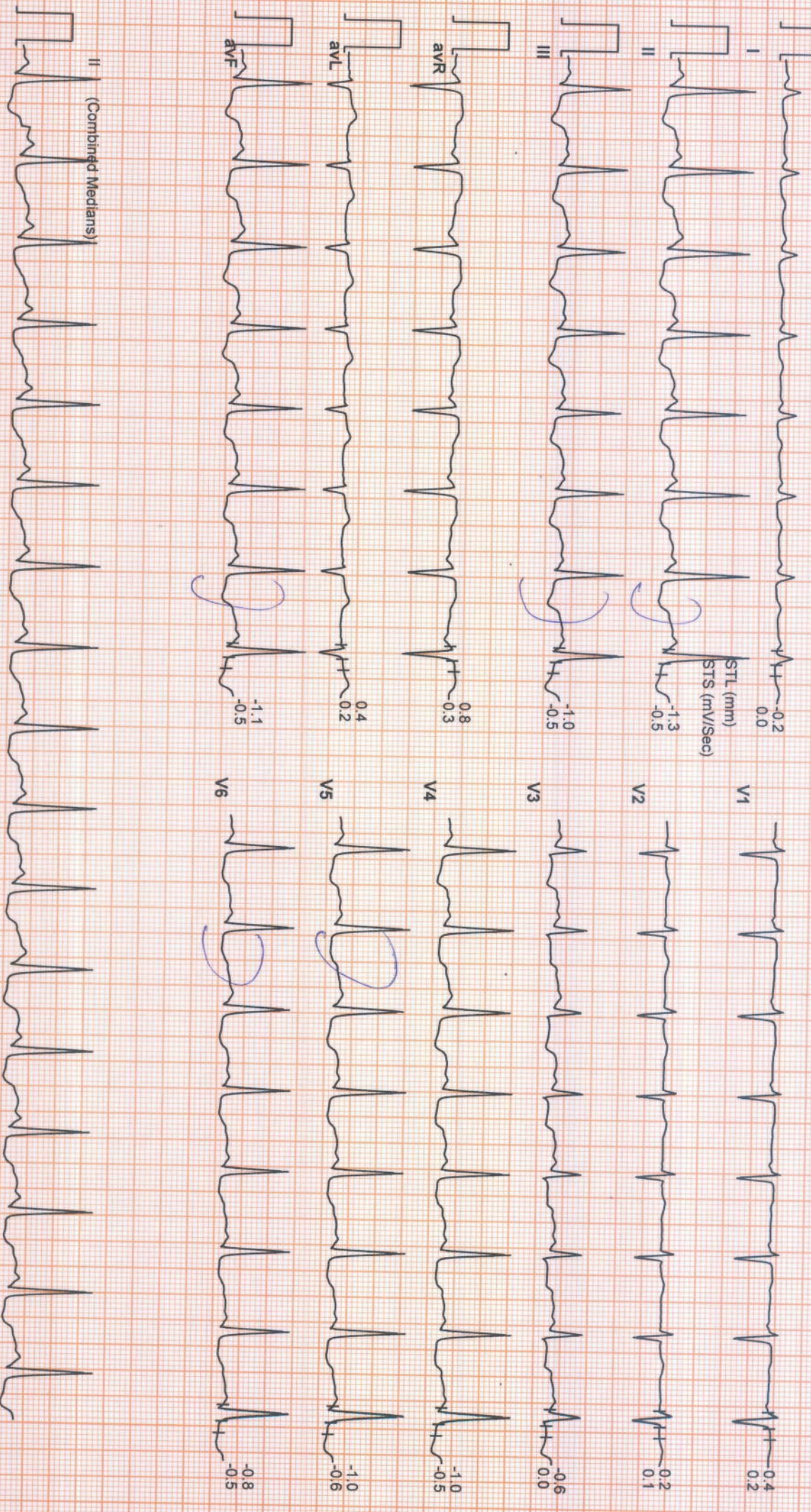
ExTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 07 / 07 / 2022 11:07:53 AM METs : 1.0 HR : 101 Target HR : 54% of 188 BP : 130/80 Post J @80mSec

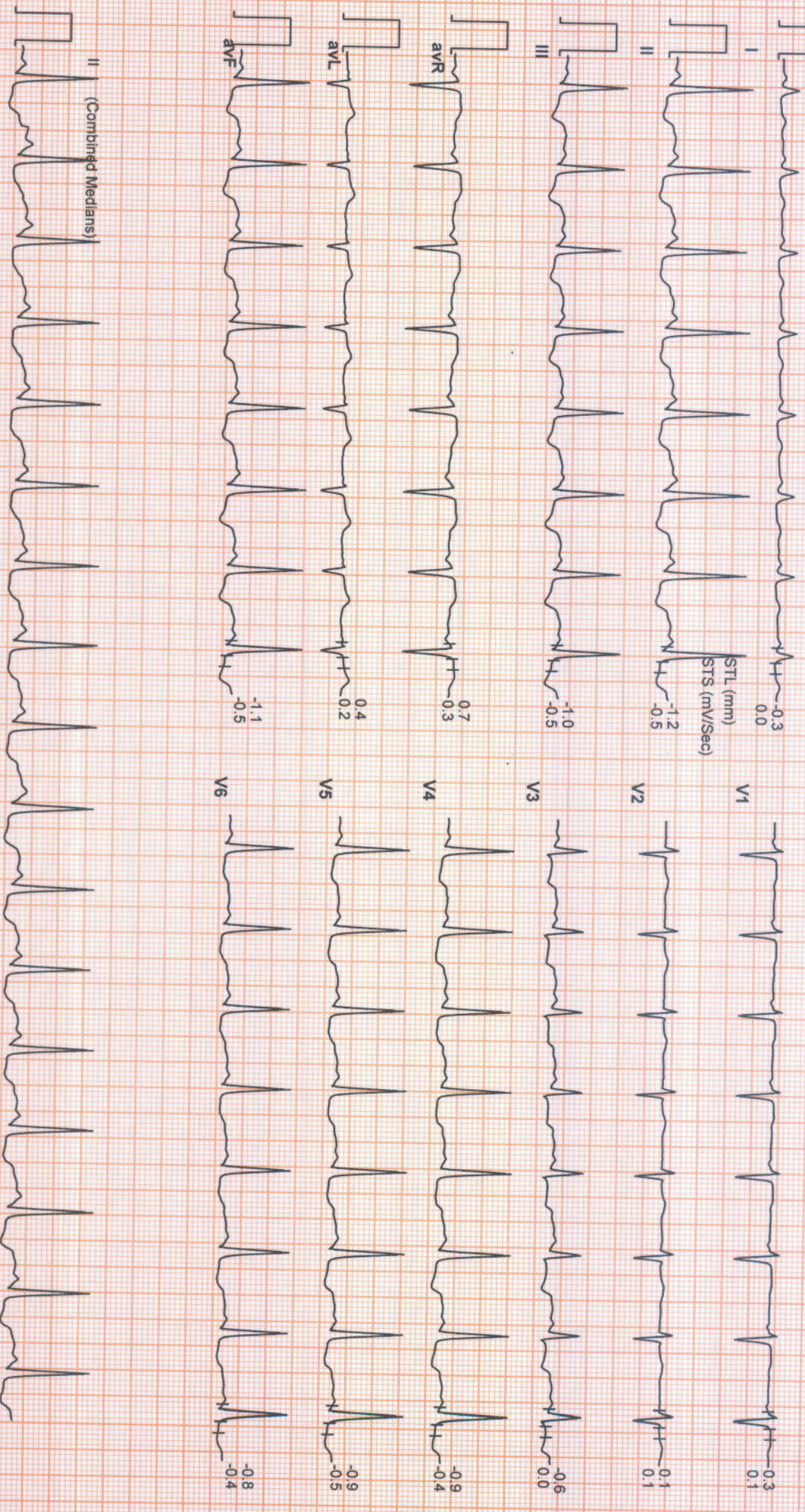
ExTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 07 / 07 / 2022 11:07:53 AM METs : 1.0 HR : 102 Target HR : 54% of 188 BP : 130/80 Post J @80mSec

EXTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2218814000
Name : Mrs VARSHA YADAV
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 07-Jul-2022
Reported : 07-Jul-2022 / 12:18

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

Click here to view images <http://3.141.232.119/IRISViewer/NormalView.aspx?AccessionNo=3022070709570734>

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<<QRCode>>

CID : 2218814000
Name : Mrs VARSHA YADAV
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 07-Jul-2022
Reported : 07-Jul-2022 / 15:06

Use a QR Code Scanner
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USG WHOLE ABDOMEN

LIVER: Liver appears enlarged in size(18.0 cm) and normal homogeneous echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 8.9 x 3.6 cm. Left kidney measures 9.7 x 3.9 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 7.2 x 4.0 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.1mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Bowel loops are fluid filled with mild mucosal edema s/o inflammatory etiology-colitis.

Click here to view images <<ImageLink>>

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

Page no 1 of 2

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IMPRESSION:

- HEPATOMEGALY.
- F/S/O COLITIS

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further evaluation.

-----End of Report-----

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

Click here to view images <<ImageLink>>

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Date:- 21/2/22
Name:- Vaasha Yatar.

CID:
Sex / Age: F 32

EYE CHECK UP

Chief complaints: Red

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 3/12 @ 6 MVE 16

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Good Vision

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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